



# STATE OF CONNECTICUT

## ASIAN PACIFIC AMERICAN AFFAIRS COMMISSION



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Alok Bhatt

Dear Senator Gerratana, Representative Ritter, and esteemed members of the Public Health Committee of the Connecticut General Assembly:

My name is Alok Bhatt. I serve as Legislative Analyst for the Asian Pacific American Affairs Commission.

To promote the monitoring of health equity and access among our state's diverse populations, APAAC writes in strong support of HB 5451: An Act Concerning the Department of Public Health's Recommendations for Various Revisions to the Office of Health Care Access Statutes. Our comments will focus particularly on Section 1(a) of the bill as amended, which require the Office of Health Care Access, in consultation with the Department of Public Health and other agencies, to establish a "state-wide health care facilities and services plan."<sup>1</sup>

APAAC follows a significant body of research concluding that the collection of Race, Ethnicity, and Language (REL) data by acute care hospitals and other federally-assisted health programs can help states and institutions assess and ultimately assess healthcare disparities<sup>2</sup>. REL data may provide guidance as to how hospitals may craft programs and services to best serve the demographics of their particular catchment areas.

Section 11(a)(4) of HB 5451 reads, "the state-wide health care facility utilization study...may include an assessment of: ...geographic areas and subpopulations that may be underserved or have reduced access to specific types of health services. ...The commissioner, in consultation with hospital representatives, shall develop a process that encourages hospitals to incorporate the state-wide health care facilities and services plan into hospital long-range planning and shall facilitate communication between appropriate state agencies concerning innovations or changes that may affect future health planning."

This section seems to afford the Office of Health Care Access authority to recommend that hospitals collect REL data. Furthermore, also charges the Office of Health Care Access to collaborate with hospitals to address the health needs of underserved populations. REL data can inform hospitals, state agencies, and the community regarding underserved populations in hospitals' service areas.

<sup>1</sup> <http://cgalites/2016/TOB/h/2016HB-05451-R00-HB.htm>

<sup>2</sup> <http://www.ahrq.gov/sites/default/files/publications/files/iomracereport.pdf>

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Though data alone cannot eliminate health disparities, the insights they provide can guide hospitals and other providers on the makeup and needs of the communities they serve. Subsequently, hospitals and other health providers can develop programs and services that target the specific health needs of their diverse populations.

Attached, please find a research sheet compiled on behalf of APAAC outlining the importance of REL data in discovering and addressing health disparities. We hope the Committee will include APAAC's recommendations in HB 5451 to make explicit the importance of collecting REL data in fulfilling the purpose of Section 11(a).

I thank you for your time and consideration of this important matter.

Sincerely,

Alok Bhatt  
*Legislative Analyst, APAAC*

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